

NO GO IF:

- urinary and/or fecal incontinence
- pressure/bulge/dragging in the vagina
- ongoing or new onset of bleeding not related to menstrual cycle
- reduced pelvic floor musculature
- endurance/strength
- genital hiatus + perineal body more than 7cms on valsalva for 6-8 seconds
- pain at caesarean scar or perineal scar
 - diastasis rectus abdominis separation greater than 3 fingerwidths

CAUTION IF:

- breastfeeding
- pre-existing hyper mobility ie. Ehlers-Danlos
- psychological issues which may pre-dispose a mother to inappropriate intensity

ADDITIONAL CONSIDERATIONS

- obesity
- breathing
- breastfeeding
- relative energy deficiency in sport (RED-S)
- psychological status
- running with a stroller



POSTPARTUM RETURN TO IMPACT

Recommendations taken from the Spring 2019 "Return to Running Guidelines" Goom, et al.

Activity Recommendations:

- 0-2 wks: nothing but rest and heal
- 2-4 wks: breathing and alignment
- 4-6 wks: intuitive movement and body weight exercises
- 6-8 wks: gradual load progression AFTER being screened for pelvic health/core dysfunction

A graded return to impact program should begin no earlier than 14-16 weeks postpartum depending on the 'readiness' of mother based on screening tests.

LOAD AND IMPACT SCREEN:

- to pass this assessment, the mother needs to achieve the following symptom-free:
- walking 30 minutes
 - single leg balance 10 seconds
 - single leg squat 10 reps each side
 - jog on the spot 1 minute
 - forward bounds 10 reps
 - hop in place 10 reps per leg
 - single leg 'Running Man' 10 reps per side